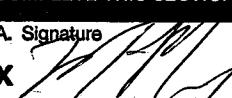


<b>SENDER: COMPLETE THIS SECTION</b>		<b>COMPLETE THIS SECTION ON DELIVERY</b>	
<ul style="list-style-type: none"><li><input checked="" type="checkbox"/> Complete items 1, 2, and 3.</li><li><input checked="" type="checkbox"/> Print your name and address on the reverse so that we can return the card to you.</li><li><input checked="" type="checkbox"/> Attach my signature to the reverse side of this card.</li></ul>		<p>A. Signature </p> <p><input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>I by (Printed Name) <b>D. MEY</b> C. Date of Delivery <b>11-13</b></p> <p>Is address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>Enter delivery address below: <b>FILED</b></p>	
<p>Diana Mey 14 Applewood Drive Wheeling, WV 26003</p> <p>5-24-cv-211 doc 3 11/05/2024</p> <p>U.S. DISTRICT COURT - WHEELING, WV 26003</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> On Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>			
2. Article Number <b>7022 3330 0001 9666 2839</b>		Domestic Return Receipt	
PS Form 3811, July 2020 PSN 7530-02-000-9053			